
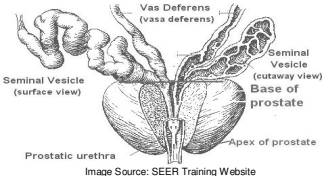


NAACCR Central Registry Webinar Series

Shannon Vann, CTR
Jim Hofferkamp, CTR




Collaborative Staging Prostate



CS Tumor Size


- Use Standard Table
- Tumor size does not have an affect on stage of disease



CS Extension-Notes

■ **Note 2**


- ◆ **B. CODES 20 to 24 are used only for clinically/radiographically apparent tumor, i.e., that which is palpable or visible by imaging.**
 - ◆ Codes 21 and 22 have precedence over code 20.
 - ◆ Code 20 has precedence over code 24.



CS Extension-Notes

■ **Note 2**

- ◆ **C. CODE 30 is used for localized cancer when it is unknown if clinically or radiographically apparent.**
- ◆ **D. CODES 31, 33 and 34 have been made OBSOLETE, CODES NO LONGER USED.**
- ◆ **E. CODES 41 to 49 are used for extension beyond the prostate.**




CS Extension-Notes

■ **Note 3**

- ◆ **Prostate Apex Involvement: This field and Site-Specific Factor 4, Prostate Apex Involvement, are both coded whether or not a prostatectomy was performed.**

■ **Note 4**

- ◆ **Use codes 13-14 when a TURP is done, not for a biopsy only. Do not use code 15 when a TURP is done.**




CS Extension-Notes

■ Note 5

◆ Involvement of the prostatic urethra does not alter the extension code.

■ Note 6

◆ "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 60.




CS Extension-Notes

■ Note 7

◆ AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. Extension.

■ Note 8


◆ This schema includes evaluation of other pathologic tissue such as a biopsy of the rectum.



CS Extension-Notes

■ Note 9


◆ For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3.



CS Extension Codes


Extension Codes -- Clinically *Inapparent*

- 00 In situ; noninvasive; Tis (not shown)
- 10 Clinically inapparent, NOS; Stage A, NOS
- 13 Incidental finding < 5% (A)
- 14 Incidental finding > 5% (B)
- 15 Found by needle biopsy (one or both lobes) because of elevated PSA




CS Extension Codes

T1a



≤5%

T1b




>5%

Results from TURP

- ♦ 13 less than 5%
- ♦ 14 more than 5%

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CS Extension-Codes

Extension Codes -- Clinically *Apparent*

- 20 One lobe, NOS
- 21 Half of one lobe or less (A)
- 22 More than half of one lobe (B)
- 23 Both lobes (C)
- 24 Apparent, confined to prostate, NOS; Stage B, NOS
- 30* Localized, NOS; Confined to prostate, NOS; Intracapsular

*Not stated if clinically apparent or inapparent

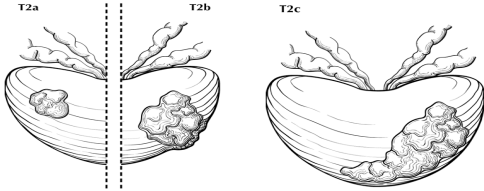


CS Extension-Codes


Code 21
T2a

Code 22
T2b

Code 23
T2c



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CS Extension-Codes

Extension Codes -- Extracapsular

41

Though capsule, NOS; Stage C1

42

Unilateral (A)

43


Bilateral (B)

45

Seminal vesicles; Stage C2 (C)

49

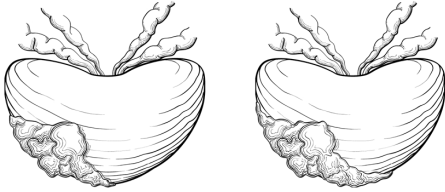
Periprostatic; unknown if seminal vesicles involved; Stage C, NOS




CS Extension-Codes

Code 42
T3a

Code 43
T3a



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CS Extension-Codes

50

Extension to or fixation to adjacent structures other than seminal vesicles

52

Levator muscles,Skeletal muscle NOS, Ureter(s)

60

Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS

70

Further contiguous extension (Stage D2)

95

No evidence of primary tumor

99

Extension unknown, Primary tumor cannot be assessed, Not documented in patient record

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CS Extension-Codes

Code 50

T4

Code 60

T4

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Stage I

Ureter

Lymph node

Vas deferens

Bladder

Seminal vesicle

Prostate gland

Rectum

Urethra

Stage II

Stage III

Stage IV

Testis

Penis

Cancer may spread to other organs

National Cancer Institute

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CS TS/Ext Eval-Notes

■ Note 1

◆ For this site, use this item to evaluate the coding of tumor size and extension as coded in both CS Extension (clinical for prostate) and Site-Specific Factor 3, Pathologic Extension if prostatectomy was performed.

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CS TS/Ext Eval-Notes

■ Note 2

◆ The codes for this item for prostate differ from the codes used for most other sites. AJCC allows pathologic staging to be assigned on the basis of some biopsies without resection.

- ◆ Positive biopsy of the rectum permits a pT4 classification without prostatectomy.
- ◆ A biopsy revealing carcinoma in extraprostatic soft tissue permits a pT3 classification.
- ◆ A biopsy revealing adenocarcinoma infiltrating the seminal vesicles permits a pT3 classification.

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CS TS/Ext Eval-Notes

■ Note 3

◆ For this site, the T category and its associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3.

■ Note 4

◆ According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

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CS TS/Ext Eval

- 0 No surgical resection done.**
 ♦ Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.
- 1 No surgical resection done.**
 ♦ Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.



CS TS/Ext Eval

- 2 No surgical resection done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 41-70**
- 3 No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).**
- 4 Surgical resection or primary site performed**



CS TS/Ext Eval


- 5 Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.**
- 6 Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.**
- 8 Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).**
- 9 Unknown if surgical resection done, not assessed, cannot be assessed, unknown if assessed or not documented in patient record.**



CS Lymph Nodes

10 Regional nodes, including contralateral or bilateral lymph nodes:


- ♦ Iliac, NOS
 - ♦ External
 - ♦ Internal (hypogastric), NOS: Obturator
- ♦ Pelvic, NOS
 - ♦ Periprostatic
 - ♦ Sacral, NOS
 - ♦ Lateral (laterosacral)
- ♦ Middle (promontorial) (Gerota's node)
- ♦ Presacral
- ♦ Regional lymph node(s), NOS



CS Lymph Nodes

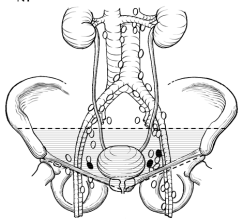
80 Lymph nodes, NOS

99 Unknown; not stated, Regional lymph nodes cannot be assessed




CS Lymph Nodes

N1



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Lymph Nodes

■ See the Standard Table for:

- ◆ Regional Nodes Eval
- ◆ Regional Nodes Positive
- ◆ Regional Nodes Examined

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CS Mets at DX

■ Common Metastatic Sites

- ◆ Osteoblastic (bone)
- ◆ Distant lymph nodes
- ◆ Lung
- ◆ Liver

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CS Mets at DX

11 Common Iliac Lymph Nodes
12 Distant lymph node(s)
30 Metastasis in bone(s)
35 (30) + [(11) or (12)]
40 Distant metastasis, other than distant lymph nodes (codes 11 or 12) or bone(s) or carcinomatosis

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CS Mets at DX

45

Distant metastasis, NOS or Stage D2, NOS

50


(40) + any of [(11) or (12)]

55

(40) + any of [(30) or (35)]

99

Unknown if distant metastasis, Distant metastasis cannot be assessed, Not documented in patient record




CS Site-Specific Factor 1
Prostatic Specific Antigen (PSA)

■ Note 1: Record the highest PSA lab value recorded in the medical record *prior* to diagnostic biopsy or treatment.

◆ Lab value may be recorded in the lab report, history and physical, or clinical statement in the pathology report, etc.

◆ For example, a pre treatment PSA of 20.0 ng/ml would be recorded as 200.


■ Note 2: Lab values for SSFs 1 and 2 should be from the same laboratory test.



CS Site-Specific Factor 2
Prostatic Specific Antigen (PSA)


■ Note 1: Use the highest PSA lab value recorded in the medical record prior to diagnostic biopsy or treatment.


■ Note 2: Lab values for SSFs 1 and 2 should be from the same laboratory test.




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	<h3 style="text-align: center;">CS Site-Specific Factor 2</h3> <h4 style="text-align: center;">Prostatic Specific Antigen (PSA)</h4> <p><i>Total prostate-specific antigen (PSA)</i></p> <table> <tr> <td>Men younger than 40</td> <td>< 2.0 ng/mL</td> </tr> <tr> <td>Men age 40 to 50</td> <td>< 2.5 ng/mL</td> </tr> <tr> <td>Men age 51 to 60</td> <td>< 3.5 ng/mL</td> </tr> <tr> <td>Men age 61 to 70</td> <td>< 4.5 ng/mL</td> </tr> <tr> <td>Men over age 70</td> <td>< 6.5 ng/mL</td> </tr> </table> <p><i>In general, PSA levels from 4 to 10 ng/mL are borderline.</i></p> <p><i>In general, PSA levels above 10 ng/mL are high.</i></p> 	Men younger than 40	< 2.0 ng/mL	Men age 40 to 50	< 2.5 ng/mL	Men age 51 to 60	< 3.5 ng/mL	Men age 61 to 70	< 4.5 ng/mL	Men over age 70	< 6.5 ng/mL
Men younger than 40	< 2.0 ng/mL										
Men age 40 to 50	< 2.5 ng/mL										
Men age 51 to 60	< 3.5 ng/mL										
Men age 61 to 70	< 4.5 ng/mL										
Men over age 70	< 6.5 ng/mL										

	<h3 style="text-align: center;">CS Site-Specific Factor 3</h3> <h4 style="text-align: center;">CS Ext - Pathologic Extension</h4> <ul style="list-style-type: none"> ■ Note 1: Include information from prostatectomy in this field and not in CS Extension - Clinical Extension. <ul style="list-style-type: none"> ◆ Use all histologic information including the prostatectomy if it was done within the first course of treatment. ◆ Code 097 if there was no prostatectomy performed within the first course of treatment. ■ Note 2: Limit information in this field to first course of treatment in the absence of disease progression. ■ Note 3: Involvement of the prostatic urethra does not alter the extension code. 
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	<h3 style="text-align: center;">CS Site-Specific Factor 3</h3> <h4 style="text-align: center;">CS Ext - Pathologic Extension</h4> <ul style="list-style-type: none"> ■ Note 4: When the apical margin, distal urethral margin, bladder base margin, or bladder neck margin is involved and there is no extracapsular extension, use code 040. ■ Note 5: CODES 031, 033 and 034 have been made OBSOLETE, CODES NO LONGER USED. <ul style="list-style-type: none"> ◆ Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the "T" classification. 
--	--

CS Site-Specific Factor 3
CS Ext - Pathologic Extension

- **Note 6:** When prostate cancer is an incidental finding during a prostatectomy for other reasons use the appropriate code for the extent of disease found.
- **Note 7:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 060.

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CS Site-Specific Factor 3
CS Ext - Pathologic Extension

- **Note 8: AUA stage.** Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record.
 - ◆ If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension - Pathologic Extension.

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CS Site-Specific Factor 3
CS Ext - Pathologic Extension

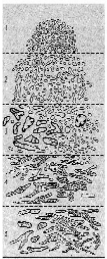
- **Note 9:** For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3.
- **Note 10:** Code 045, extension to seminal vesicle(s) (Stage C2), takes priority over Code 048, extracapsular extension and margins involved, if both are present.

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CS Site-Specific Factor 5

Gleason's Primary Pattern and Secondary Pattern Value

Gleason's Pattern



1. Small, uniform glands

2. More stroma between glands

3. Distinctly infiltrative margins

4. Irregular masses of neoplastic glands


5. Only occasional gland formation

Well differentiated

Moderately differentiated

Poorly diff./Anaplastic


- Prostatic cancer generally shows two main histologic patterns.
 - ◆ The primary pattern that is, the pattern occupying greater than 50% of the cancer is usually indicated by the first number of the Gleason's grade
 - ◆ The secondary pattern is usually indicated by the second number.



CS Site-Specific Factor 5

Gleason's Primary Pattern and Secondary Pattern Value


- If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score.
- If only one number is given and it is less than or equal to 5, assume that it describes a pattern and uses the number as the primary pattern and code the secondary as '9'.
- If only one number is given and it is greater than 5, assume that it is a score.



CS Site-Specific Factor 5

Gleason's Primary Pattern and Secondary Pattern Value

- If the pathology report specifies a specific number out of a total of 10, the first number given is the score.
 - ◆ Example: The pathology report says "Gleason's 3/10". The Gleason's score would be 3
- Following AJCC guidelines for coding multiple Gleason's Scores in prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen.
 - ◆ Please note that this rule is not the same as the rule for coding grade.




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CS Site-Specific Factor 6

Gleason's Score


- If only one number is given and it is less than or equal to 5, code the total score to 999, unknown or no information.
- If only one number is given and it is greater than 5, assume that it is a score.
- If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score.

The NAACCR logo is located in the bottom right corner of the slide. It consists of the letters "NAACCR" in a bold, serif font, with a stylized "C" that has a vertical line through it. The logo is set against a dark, textured background.

CS Site-Specific Factor 6


Gleason's Score

- If the pathology report specifies a specific number out of a total of 10, the first number given is the score.
 - ◆ Example: The pathology report says "Gleason's 3/10". The Gleason's score would be 3. Note 2: Record the Gleason's score based on the addition of the primary and secondary pattern.
- Note 3: Following AJCC guidelines for coding multiple Gleason's Scores in prostate cancer, if there is more than one primary and secondary pattern value, the value to be coded is the one based on the larger tumor specimen.
 - ◆ Please note that this rule is not the same as the rule for coding grade.



Gleason's Pattern/ Score

SSF 5	SSF 6
Primary and Secondary Pattern Values	Gleason Score
Examples:	Examples:
034 Gleason 3+4	007 Gleason 3+4
039 Gleason 3	999 Gleason 3
045 Gleason 4+5	009 Gleason 4+5
055 Gleason 5+5	010 Gleason 5+5



Quiz 2

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Treatment of Prostate Cancer

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Treatment

- Watchful Waiting
- Surgery
- Radiation therapy
- Hormone therapy

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Watchful Waiting

- Watchful waiting is considered first course treatment.
 - ◆ Patients with early stage non symptomatic disease
 - ◆ Patients who are elderly or have other co morbid conditions

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Watchful Waiting

- When "watchful waiting" is the first course of therapy for prostate cancer, code the case as follows:

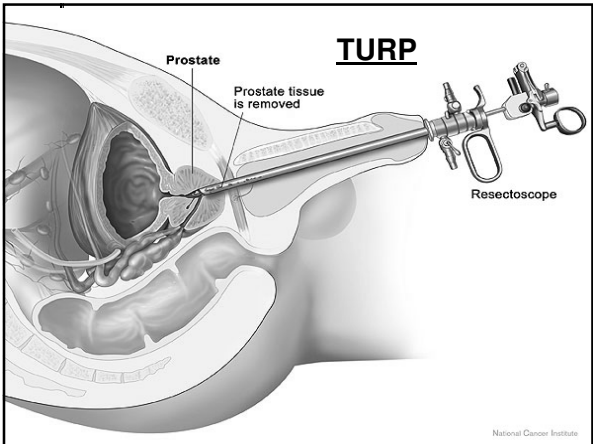
Surgery of Primary Site: 00
Scope of Regional Lymph Node Surgery: 0
Surgical Procedure of Other Site: 0
Reason for No Cancer-Directed Surgery: 1
Radiation: 00
Reason for No Radiation: 1
Chemotherapy: 00
Hormone Therapy: 00
Immunotherapy: 00
Hematologic Transplant and Endocrine Procedures: 00
Other Cancer Directed Therapy: 0

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Surgery

- Transurethral resection of the prostate (TURP)
- Pelvic Lymphadenectomy
- Radical Prostatectomy
- Cryosurgery

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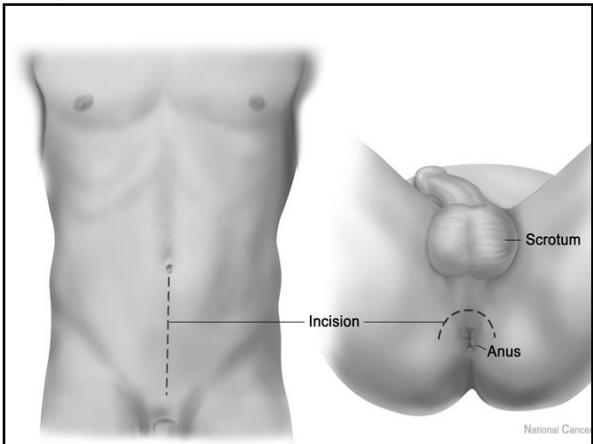


Pelvic Lymphadenectomy

- Pelvic lymphadenectomy: A surgical procedure to remove the lymph nodes in the pelvis.
 - ◆ If the lymph nodes contain cancer, the doctor will not remove the prostate and may recommend other treatment.
- If prostatectomy not performed, code Surgery to Primary Site as "00" and code lymph node information in Scope of Regional LN Surgery

Radical Prostatectomy

- Radical prostatectomy
 - ◆ A surgical procedure to remove the prostate, surrounding tissue, and seminal vesicles. There are 2 types of radical prostatectomy:
 - ◆ Retropubic prostatectomy
 - ◆ Perineal prostatectomy



	<div><h3>Surgery Codes</h3><ul style="list-style-type: none">10 Local tumor destruction, [or excision] NOS14 Cryoprostatectomy15 Laser ablation16 Hyperthermia17 Other method of local tumor destruction<p><i>No specimen sent to pathology from surgical events 10–17</i></p><div>NAACCR</div></div>
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	<div><h3>Surgery Codes</h3><ul style="list-style-type: none">20 Local tumor excision, NOS21 Transurethral resection (TURP), NOS22 TURP—cancer is incidental finding during surgery for benign disease23 TURP—patient has suspected/known cancer<p>Any combination of 20–23 WITH</p><ul style="list-style-type: none">24 Cryosurgery25 Laser26 Hyperthermia<p><i>Specimen sent to pathology from surgical events 20–26</i></p><div>NAACCR</div></div>
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Surgery Codes

50 Radical prostatectomy, NOS; total prostatectomy, NOS


- ◆ Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck

70 Prostatectomy WITH resection in continuity with other organs; pelvic exoneration

- ◆ Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs.
- ◆ The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

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Radiation Therapy



- **External Beam Radiation**
 - ◆ Three-dimensional conformal radiation therapy (3D CRT)
 - ◆ Intensity Modulated Radiation Therapy (IMRT)

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Radiation Therapy

- **Brachytherapy**
 - ◆ Permanent Low Dose Radiation Implants (LDR) Seed Implants
 - ◆ Temporary High Dose Radiation (HDR) Brachytherapy

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Coding Radiation

- If IMRT or 3D CRT are administered code to 31 or 32.
 - ◆ 18mv delivered in 25 sessions using 3D CRT.
 - ◆ Code to 32 (3D CRT) even though a specific energy was given.
- If external beam radiation to the pelvis and brachytherapy are performed, code beam radiation as the regional modality and the brachytherapy as the boost.
 - ◆ 4500 cGy delivered to the pelvis followed brachytherapy.
 - ◆ Code beam radiation as regional modality and seed implants as boost.

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Hormone Therapy

- Hormone therapy is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing.
 - ◆ Luteinizing hormone-releasing hormone
 - ◆ Antiandrogens
- Orchiectomy should be coded as a *Hematologic Transplant and Endocrine Procedure not as hormone therapy.*

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Chemotherapy

- Chemotherapy is generally only used for advanced stage disease.

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Questions?

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Quiz 3

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